



Company Information

Legal Name _____ Number of Employees: _____

DBA _____

Address _____

City _____ State _____ Zip _____

Payroll Contact _____ E-Mail _____

Officer or Owner _____ E-Mail _____

Phone _____ Fax _____

Payroll Submission

	<u>DAY</u>	<u>DATE</u>
Period Start Date	_____	_____
Period End Date	_____	_____
Process Date	_____	_____
Delivery Date	_____	_____
Check Date	_____	_____

Payroll Frequency:

Weekly Bi-Weekly Semi-Monthly Monthly

Submission Method:

Web Automatic Fax Phone

Delivery Information

Pick Up (Same Day)

E-Mail (Must be 100% Direct Deposit)

U.S. Mail (1-3 Days)

Courier

Next Day Air

First Payroll Different? Method: _____

Notes and Questions:

Federal Tax Reporting

Federal E.I.N. # _____

Have you run Payroll under this FEIN before? Yes No

Please Attach Last Quarter's Federal Form 941

State Tax Withholding

State 1: _____ State Tax ID # _____

Have you run Payroll under this ID# before? Yes No

State 2: _____ State Tax ID # _____

Have you run Payroll under this ID# before? Yes No

Please provide schedule of any additional states

State Unemployment Tax

State 1: _____ State Tax ID # _____

Have you run Payroll under this ID# before? Yes No

State 2: _____ State Tax ID # _____

Have you run Payroll under this ID# before? Yes No

Please provide schedule of any additional states

Please Attach Last Quarter's State Payroll Tax Return(s) (In NJ, Form 927)



Payroll Master File Information

Bank Information

Bank Name _____

9-digit Routing Number _____

Account Number _____

Company Name to Appear on Check: Legal Name DBA

Please include a Voided Check from this Account

A deposit slip is **NOT** an acceptable alternative.

Departments (if applicable)

Not Applicable

Dept # (4 - digits)	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you require additional departments or multiple levels, please provide a schedule listing departments and divisions/departments if necessary.

Be sure to assign each employee to a department.

Time Off Accruals (if applicable)

Not Applicable

Type of Accrual	Balance shown on Check Stubs?
Vacation _____	Yes No
Sick _____	Yes No
Personal _____	Yes No
Other _____	Yes No

Be sure to attach your Company's Accrual Policies

Company Earnings Codes

I Require No Additional Earnings Codes

BeyondPay uses the following standard codes:

Regular	Overtime	Salary	Vacation	Commissions	1099S
Holiday	Sick	Bonus	Other	Third Party Sick Pay	

Please list any additional earnings codes you would like:

Description	Special Rate/Explanation
_____	_____
_____	_____
_____	_____
_____	_____

Company Deduction Codes

Not Applicable

Please list the deductions you would like setup for your company.

A miscellaneous deduction will automatically be provided.

Yes?	Description	\$/%	Pre-Tax?
<input type="checkbox"/>	Employee 401(k) _____	Both _____	N/A
<input type="checkbox"/>	Employer Match 401(k) _____	_____	N/A
<input type="checkbox"/>	401(k) Loan (Goal Required per EE) _____	\$ _____	N/A
<input type="checkbox"/>	Medical Insurance _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/>	Dental Insurance _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/>	Vision Insurance _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

Be sure to note if any deductions require a goal.

FOR INTERNAL USE ONLY: Computer Setup PROMO Code: _____ Referral Source _____



Key Information Checklist

Direct Deposit (if applicable)

Not Applicable

IMPORTANT:

If you want direct deposit with your first payroll, please note that we will need to override a pre-note. A pre-note protects errors such as miss-typed account numbers, routing numbers, and invalid accounts. In the event of such errors, funds will be returned, and fees will be assessed.

If you would like to override the automatic pre-note, and have direct deposit on your first payroll, be sure to verify all account and routing numbers, and verify the bank name with each employee.

If the pre-note is not overridden, physical checks will be generated with your first payroll (delivery charges will apply), and direct deposit will work for all subsequent payrolls.

Please choose from the following options.

Override the pre-note and use Direct Deposit on the first payroll.

Generate Physical Checks for the first Payroll

Each Employee must provide a Voided Check

Agency/Third Party Checks (if applicable)

Not Applicable

If you have any garnishments, such as Child Support, please fill out the following:

Agency Name _____

Address _____

City _____ State _____ Zip _____

Employee _____ Case # _____ Amount _____

Employee _____ Case # _____ Amount _____

Garnishment Options: How should BeyondPay handle Agency Checks?

1. Deduct from Employee(s) Only
2. Generate Third-Party Check(s)
3. Generate Third-Party Check(s) and mail on Employer's behalf

Please provide a schedule of any additional Agencies or Third Party Checks. Be sure to include each agency/third party deduction on page 2 "Company Deduction Codes" as well.

Employee Payroll Information

To ensure the proper processing of the Company's payroll, include the following employee and company wage and tax detail for each employee.

New Payroll (no prior wages paid):

- W-4 Information (Name, Address, SSN, Marital Status, Exemptions)
- Salary or hourly rate of pay
- Deductions and amount of each deduction
- Assigned Department (if applicable)

Payroll starting at the beginning of a Quarter:

- Information above, plus:
- Employee Year-to-Date Information
 - o For all active and terminated employees
- All Prior Quarter Returns for Current Tax Year
 - o Form 941, State Withholding Returns, State Unemployment Returns, Local Tax Returns
- Has FUTA been **paid** this year? Yes No

Payroll Starting in the Middle of a Quarter:

- Information above, plus:
- Employee Quarter-to-Date information
 - o For all active and terminated employees
- Schedule of Current Quarter Tax Payments made

Getting Started Package Checklist

Before submitting this Getting Started Package, you should include:

- Completed Quick Start Payroll Form
- Voided Corporate Check
- Prior Federal and State Payroll Tax Returns
- Signed Form 8655
- Signed "Company Authorization Agreement"
- Signed "Tax Filing Agreement"



Additional Client Information

The following information will help BeyondPay serve your payroll needs.
If you have any questions about any of these special services, please just ask. At BeyondPay, we are here to help!

Services

About BeyondPay's Services

Check Signing and Check Sealing

Yes No Sign Checks Only

Would you like to receive your physical checks already signed and sealed?
You can have your checks signed, or signed and sealed. Your choice.

Employee Self Service

Yes No Not Sure

Would you like your employees to be able to view their pay stubs online?

QuickBooks® G/L Interface

Yes No Not Sure

Would you like to have your payroll automatically posted into QuickBooks®?

Time Clock Integration

Yes No Not Sure

Are you interested in our Time Clock Integration? Data can be imported from your time clock directly into our software.

401(k) Interface

Yes No Not Sure

Do you want BeyondPay to remit 401(k) information to a third party vendor on your behalf?

Workers' Compensation Coverage

Yes No Not Sure

BeyondPay provides pay as you go workers' compensation. Premiums are calculated each time your payroll is processed. No upfront premium, No fees, No financing, Reduces the risk of year end audit adjustments.

Human Resource Management by CPR

Yes No Not Sure

BeyondPay offers an affordable, full service HR solution through CPR. Service includes: Employee handbook, HR forms and documents and access to senior HR consultants that you can call to discuss any HR related issues.

Group Benefits

Yes No Not Sure

Would you be interested in having your current group benefits (medical, dental, 401(k), etc.) reviewed? This is a **free** service we provide. Why not get educated to see if there are opportunities to save money and/or improve your benefits?

Premium Only Plan (Section 125 – POP Plan)

Yes No Not Sure

If your employees pay for a portion of their medical insurance coverage, these amounts can be paid on a pre-tax basis. Employer's can save the FICA and Medicare tax on these contributions. Would you like to learn more about this?

Flexible Spending Accounts (FSA)

Yes No Not Sure

You can establish an FSA which allows your employees to pay for medical and dependent care services on a pre-tax basis. Employer's can save the FICA and Medicare tax on these contributions. Would you like to learn more about this?

Referrals

Yes No More Information

Do you know of any other business that might be interested in our payroll services? We'd be happy to provide the first two months of payroll processing for free since YOU referred us.

For more information about any of these services:

Visit us at: www.beyondpay.com/products_services.php
Call us at: **800-277-9904**

Your Accountant's Contact Information

Your Attorney's Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Email: _____

Email: _____

Reporting Agent Authorization

Taxpayer

1a Name of taxpayer (as distinguished from trade name)		2 Employer identification number (EIN)
1b Trade name, if any		4 If you are a seasonal employer, check here <input type="checkbox"/>
3 Address (number, street, and room or suite no.) City or town, state, and ZIP code		5 Other identification number
6 Contact person	7 Daytime telephone number ()	8 Fax number ()

Reporting Agent

9 Name (enter company name or name of business)		10 Employer identification number (EIN)
11 Address (number, street, and room or suite no.) City or town, state, and ZIP code		
12 Contact person	13 Daytime telephone number ()	14 Fax number ()

Authorization of Reporting Agent To Sign and File Returns

15 Use the entry lines below to indicate the tax return(s) to be filed by the reporting agent. Enter the beginning year of annual tax returns or beginning quarter of quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	944-PR _____	944-SS _____	945 _____	1042 _____
CT-1 _____					

Authorization of Reporting Agent To Make Deposits and Payments

16 Use the entry lines below to enter the starting date (the first month and year) of any tax return(s) for which the reporting agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	990-PF _____	990-T _____

Disclosure of Information to Reporting Agents

17a Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the IRS related to the authorization granted on line 15 and/or line 16

b Check here if the reporting agent also wants to receive copies of notices from the IRS

Form W-2 Series or Form 1099 Series Disclosure Authorization

18a The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning _____.

b The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning _____.

State or Local Authorization

19 Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 15 and/or line 16

Authorization Agreement

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made. If line 15 is completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 16 are completed, the reporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is revoked by the taxpayer or reporting agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 15 and/or line 16, including disclosures required to process Form 8655. Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

Sign Here

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.

	_____		_____		_____
	Signature of taxpayer		Title		Date



COMPANY ACH AGREEMENT

Client: _____ and BeyondPay intending to be legally bound hereby, agree as follows:
(Company Legal Name)

- 1. TERM.** The initiation of direct deposit services by BeyondPay is subject to the acceptance of Client's credit and the approval of the Originating Depository Financial Institution (ODFI) and/or its agent that will be originating instructions on BeyondPay's behalf. If accepted and should you agree to the terms of this agreement and the terms and conditions of the ODFI and/or its agent, services will begin on the implementation date and will continue until terminated upon 90 days prior written notice by either party or as otherwise provided for hereby. Terminations without 90 days written notice will result in a \$300 early termination fee.
- 2. DIRECT DEPOSIT SERVICES AND AUTHORIZATIONS.** BeyondPay will process Client's payroll on direct deposit by initiating electronic debit and credit instructions and/or wire transfer instructions in accordance with this Agreement. FOR ANY CLIENT PAYROLL FILE CONTAINING \$100,000 OR MORE IN DIRECT DEPOSIT CREDITS, THE CLIENT MAY, AT BeyondPay SOLE OPTION, BE REQUIRED TO FUND SUCH PAYROLL FILE BY WIRE TRANSFER. CLIENT WILL BE RESPONSIBLE FOR PAYMENT OF WIRE TRANSFER CHARGES WHICH WILL BE ASSESSED BY CLIENT'S BANK. BeyondPay will, and Client hereby authorizes BeyondPay to, initiate debits or reverse wire transfers, as the case may be, to Client's bank account ("Client's Account") described in BeyondPay Terms and Conditions prior to each payday for Client's payroll ("Paydate") and credit the bank accounts of Client's employees and others to be paid by Client by direct deposit payment on Paydate (a "Payee"), all in compliance with the operating rules of the National Automated Clearing House Association and the terms and conditions hereof. Client will notify BeyondPay immediately of any change in the information in the Authorization Agreement at least 14 days before the effective date of any such change. Client will also obtain a written authorization from any Payee prior to the initiation of the first credit to the account of such Payee and shall provide upon demand a copy of such written authorization to BeyondPay. Client will indemnify and hold BeyondPay harmless from any and all claims or loss including, but not limited to liabilities, legal costs, expenses, incidental, consequential, or punitive damages.
- 3. CLIENT RESPONSIBILITIES.** Client will: (a) complete and execute all required documentation so that BeyondPay may withdraw funds from Client's Account to process direct deposit payrolls; (b) input or report all relevant payroll data to BeyondPay no later than 2:00 p.m. Eastern Standard Time (EST) two banking days prior to each Paydate; (c) have available in Client's Account good, collected funds in an amount sufficient for BeyondPay to cover the debits initiated by BeyondPay hereunder no later than the opening of business (i) two banking days prior to each Paydate for debits by electronic entry, and (ii) two banking days prior to each Paydate for funding by wire transfer; and (d) compare all reports on credits or debits initiated by BeyondPay to Client's records and promptly notify BeyondPay of any discrepancies. Client and BeyondPay may agree to vary certain of these responsibilities depending on Client needs and circumstances.
- 4. DEFAULT; TERMINATION.** BeyondPay shall have the right, at its option, to terminate this Agreement immediately without prior notice to Client if (a) Client's Account is not funded as required by this Agreement and as a result any debit to Client's Account is returned to BeyondPay or ODFI and/or its agent; (b) Client fails to pay any sum due to BeyondPay due hereunder or perform any obligation required to be performed hereunder; (c) Client files or has filed against it a petition for bankruptcy or becomes insolvent or has a substantial portion of its property become subject to levy, execution or assignment; (d) ODFI and/or its agent notifies BeyondPay that it is no longer willing to originate debits and credits for Client for any reason; (e) BeyondPay's agreement with ODFI and/or its agent is terminated. If BeyondPay terminates this Agreement, BeyondPay's obligation under this Agreement shall cease and BeyondPay's sole responsibility to Client shall be to return to Client any payroll funds then held by BeyondPay after the deduction of all fees and expenses due BeyondPay, ODFI and/or its agent.
- 5. LIMITATION OF LIABILITY.** BeyondPay's sole liability to Client or any third party hereunder shall be for claims arising out of errors or omissions in the Services caused solely by BeyondPay, and the sole remedy shall be to furnish a correct advice of deposit, and/or corrected or reversal debit or credit entry, as the case may be; provided that, in each case Client advises BeyondPay no later than one business day after the occurrence of such errors or omissions. BEYONDPAY MAKES NO WARRANTY, REPRESENTATION OR PROMISE TO CLIENT IN CONNECTION WITH THIS AGREEMENT, AND DISCLAIMS ALL EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY IMPLIED WARRANTIES WITH RESPECT TO THE SERVICES. IN NO EVENT SHALL BeyondPay OR ITS AGENTS BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, OR PUNITIVE DAMAGES, INCLUDING LOSS OF ANTICIPATED PROFITS OR OTHER ECONOMIC LOSS, TO CLIENT OR THIRD PERSONS, WHETHER SUCH DAMAGES RESULT FROM BEYONDPAY'S BREACH OF THIS AGREEMENT, BREACH OF WARRANTY, ITS NEGLIGENCE OR THAT OF ITS AGENTS.



POWER OF ATTORNEY: Payroll Tax Processing

(Company Legal Name) _____ (DBA) _____

(Street Address) _____ (City) _____ (State) _____ (Zip) _____

_____ Sole Proprietorship Partnership Corporation LLC
(Federal Identification Number – FEIN)

Hereinafter called "TAXPAYER", does hereby appoint BeyondPay at 114 W. Main St, Clinton, NJ 08809, (hereinafter called "ATTORNEY IN FACT"), its true and lawful attorney in fact and in its name, place and stead to execute and to file on its behalf, returns and deposits on electronic media or paper documents for taxes indicated below and to direct TAXPAYER's bank, as indicated on Company ACH Agreement, to make available appropriate funds to insure TAXPAYER's fulfillment of its responsibilities to all taxing authorities and ATTORNEY IN FACT. This document additionally authorizes ATTORNEY IN FACT to sign on TAXPAYER's behalf, all Federal, State, and Local Power of Attorney forms as required by taxing authorities, TAXPAYER's bank and other entities as may be involved. This document designates ATTORNEY IN FACT as reporting agent and designee of the TAXPAYER to receive copies of notices, selected correspondence and transcripts. This document serves as a Limited Power of Attorney for purposes noted above for TAXPAYER's bank and for the respective Federal, State or Local Taxing Authorities.

Returns and Payments	Beginning Period	Returns and Payments	Beginning Period
Federal Form 941 or 944		State 1:	
Federal Form 940		State 2:	
Federal Form W2's and W3			

TAXPAYER further gives and grants unto said ATTORNEY IN FACT, partial power and authority to do and perform every act necessary and proper, to be done in the exercise of any of the foregoing powers as fully as TAXPAYER might or could do if personally present or performing such acts. ATTORNEY IN FACT is specifically authorized as a "designee" of the TAXPAYER under section 6103 of the IRS Code to receive copies of notices and correspondence with regard to these payments. TAXPAYER shall guaranty the repayment to ATTORNEY IN FACT for any tax liabilities advanced, including, but not limited to bank returns, reversals, or delays of TAXPAYER to fund said tax deposits. In the event of such shortage, TAXPAYER hereby authorizes ATTORNEY IN FACT to reverse any deposits made to Taxing Authorities to the extent allowed by law, and indemnifies and will hold harmless ATTORNEY IN FACT from any and all actions including, but not limited to penalties assessed, and legal fees associated with such transfers.

In delegating authority to the ATTORNEY IN FACT, it is specifically understood by client that ATTORNEY IN FACT is not a source of funds and should erroneous or fraudulent entries/data generated by client and/or client's agent cause ATTORNEY IN FACT to fund any tax payments and/or any other payments on behalf of client, the client, its board of directors, its officers and its management shall guaranty jointly and severally, any unauthorized and/or client imposed extension of credit (for any reason or cause) made by ATTORNEY IN FACT. In the event ATTORNEY IN FACT is caused to extend credit to client for whatever reason, client hereby irrevocably appoints ATTORNEY IN FACT with full power of substitution and with full authority in the place and stead of client and in the name of client or otherwise. ATTORNEY IN FACT may at its discretion; at expense of client: a) take any action and execute any document or instrument that may be deemed necessary or advisable to protect, collect, realize upon, enforce its rights to and preserve any collateral or to initiate reimbursement for unauthorized and/or client imposed extensions of credit, b) to file any claims or take any action or institute any proceedings it may deem necessary for the collection of any collateral or to initiate reimbursement for unauthorized and/or client imposed extensions of credit, c) charge a customary and reasonable interest rate on extension of credit.

TAXPAYER understands and acknowledges that each return executed by ATTORNEY IN FACT will contain data from TAXPAYER with respect to all employees of TAXPAYER for the taxable period covered by the return, regardless of where the employee's services are performed, and that each return must be filed with the appropriate taxing authority. This Authorization revokes all earlier authorizations, and will remain in effect through subsequent tax periods until notified by TAXPAYER or ATTORNEY IN FACT. By signature below, TAXPAYER agrees to the standard Terms and Conditions of ATTORNEY IN FACT as noted on the reverse side of this document and as may be modified and in force from time to time.

TAXPAYER: _____ (Legal Name)	ATTORNEY IN FACT: <u>BeyondPay</u> _____
Signature: _____	Name Printed: _____
Name Printed: _____	BeyondPay Signature: _____

Rev. 10/2009

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B	_____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}				
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____			
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G	_____			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____			
For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2009
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ _____

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. If zero or less, enter “-0-” 7 \$ _____

8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employee Direct Deposit Authorization and Agreement

Company Name	Employer Identification Number (EIN)
Employee Name	Employee Social Security Number (SSN)

REQUIRED: Please attach voided check(s) for the Direct Deposit bank account(s) as verification for each Request.

I authorize my employer, as noted above, BeyondPay and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and I personally guaranty the return of the funds in question.

**If depositing to a savings account, ask your bank to give you the Routing Number for your account. It isn't always the same as the number on a savings deposit slip. This will ensure you are paid correctly.

Direct Deposit 1

I wish to deposit: \$ _____
- or - _____ Net Pay

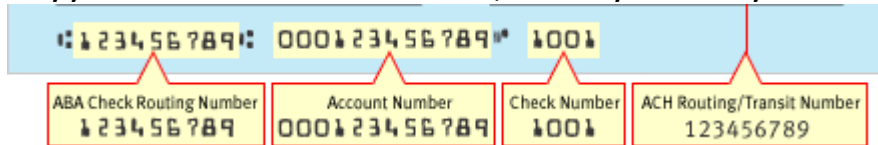
Bank / Credit Union Name	City, State	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
ABA/Routing Number	Account Number	

Direct Deposit 2

I wish to deposit: \$ _____
- or - _____ Net Pay

Bank / Credit Union Name	City, State	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
ABA/Routing Number	Account Number	

Please verify your account information with a check, and with your bank if you are not certain.



Deposits are normally available two (2) banking days after payroll is processed. In certain cases, receiving banks may choose to post later, causing funds to be available the third (3rd) business day. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three (3) pay periods to activate. I understand that neither my employer, nor BeyondPay is responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with this Direct Deposit Agreement, BeyondPay's Power of Attorney/Guaranty/Terms and Conditions and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time. I also understand that mistakes made on this form may result in delayed deposits and/or bank fees.

Signature	Date

Rev. 10/2009



New Account Set Up
 Getting Started Cover Sheet
 908-735-5110 (Fax)
 No. of Pages _____(including cover)

From:	
Company Name:	
Contact Person:	
Phone Number:	
Email Address:	

Please be sure to include the following forms in order for BeyondPay to complete the payroll registration process:

Required Business Information

- _____ 1) Quick Start Payroll Form (1 page)
- _____ 2) Form 8655 – Reporting Agent Authorization Form (1 page)
- _____ 3) ACH Transfer Agreement (6 pages)
- _____ 4) Tax Filing Agreement (include voided check from payroll bank account) (1 page)
- _____ 5) Year-to-date and Quarter-to-date payroll amounts (Note: If starting payroll at the beginning of the year, this is not required.)

Required Employee Information

- _____ 1) Name, address, social security #, number of allowances claimed (W-4 provides all this information or it can be provided otherwise by employer)
- _____ 2) Hourly rate or salary, deductions, other payroll-related information
- _____ 3) Direct Deposit Information (for each employee that wants direct deposit)

Contact Information

Once you have completed your Getting Started documents, send them to us via:

Fax: (908) 735-5110

Mail: BeyondPay; New Account Set Up
 114 West Main Street, Clinton, New Jersey 08809

Email (PDF file): gettingstarted@beyondpay.com.

If you have any questions or if we can be of any assistance during the process of putting this paperwork together, don't hesitate to call us at 800-277-9904 or send us an email at <gettingstarted@beyondpay.com>.



New Client Set Up Checklist

- Signed Agreements**
 - ACH Agreement
 - Power of Attorney
 - Form 8655

- Voided Check from company payroll account**

- Proof of Registration for Federal and State ID Numbers**
 - Federal (FEIN)
 - State withholding ID
 - State unemployment ID
 - Local ID

- List of all voluntary deductions required, and marked if pre-tax**
 - 401(k) or other retirement plans
 - Medical, Dental, Health, etc
 - Advances, loans, other, etc
 - Company matches

- Employee information for all active and terminated employees in the current year. Please use "Employee Census" spreadsheet.**
 - Name
 - Address
 - Rate of Pay
 - Departmental information
 - Social Security Number
 - Marital Status
 - Exemptions claimed
 - Voluntary deduction

- Employee ACH Agreement and voided check from all employees using Direct Deposit**

- SUI Rate(s) for current year from each registered state**

- Federal (941) and state tax returns filed for previous quarters in current year**

- Quarterly Reports from each quarter in the current year**
 - 1st quarter
 - 2nd quarter
 - 3rd quarter
 - 4th quarter

- Year-to-date for each employee with company totals:**
 - Gross wages
 - Federal withholding
 - State withholding
 - Local withholding
 - State disability
 - Social security
 - Medicare
 - Voluntary deductions

- Payroll reports from each check date during the current quarter if starting mid-quarter**

- Federal and state tax deposits made in the current quarter**

Please ask if you have any questions about any of the items. Certain items may not apply to every setup.